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The Clinical use of the Ophthalmoscope in Diseases of the Eye.

By LAURENCE TURNBULL, M. D.,

Surgeon to the Department of Diseases of the Eye and Ear in the Howard Hospital of Philadelphia.

The ophthalmoscope, or speculum oculi, has for its object the discovery of diseased conditions of the posterior segment of the eyeball, including the crystalline lens, its capsule, the vitreous humor, the retina, choroid, and the entrance of the optic nerve. Its employment requires about as much ingenuity and the same amount of time and attention as is necessary to become expert with the stethoscope; and certainly no physician should be satisfied in deciding upon the existence of amaurosis in any case without a prior examination with the ophthalmoscope. With just as much certainty could we consider a patient to be laboring under phthisis because he has purulent expectoration and fever. It will be found that there are numerous cases of amaurosis, which formerly would have been pronounced hopeless, but which, upon a careful examination by this admirable instrument, are ascertained to be curable, and the reverse will equally hold good, thus preventing a long and tedious course of treatment only to the detriment of the patient's general health and our own discomfiture.

Now, an important question comes up for consideration, what is amaurosis? Is it a disease, or merely a symptom? It is generally understood to be a disease, but from the too frequent ignorance of many of our profession, cases have occurred where they were utterly unable to answer this question, or even to de-

fine the term when called upon in courts of justice or other important tribunals.

I claim for the ophthalmoscope that it enables us to decide promptly and certainly as to the seat of the disease and its nature, thus entirely relieving our cases of that obscurity which too often overshadows them, and enabling us to proceed at once to a correct and rational mode of treatment.

As is usually the case with every innovation upon old ideas, there is found a certain amount of opposition to its employment, and, as would naturally be anticipated, it comes from the same class of men as those who so strenuously opposed the introduction of vaccination, anaesthesia, and other equally valuable adjuncts to our profession, and who are equally well represented outside of our profession by the opponents of gas, the electric telegraph, etc., etc. Being unwilling to learn its use by the sacrifice of some time and labor, they endeavor to produce its condemnation by a variety of objections, among which may be mentioned the charge that it has injured the eye by the bright light which has to be employed in the examination, or that danger may result from the use of the solution of atropia. These, I am confident, have no existence, as in the numerous examinations which I have made with it since May, 1853, it has rarely been my lot to hear a complaint from my patients even of pain, or to see any injurious consequences result from its use.

Cases are continually being reported as amaurosis, without a word from the physician to show how so important a diagnosis was obtained. Now, if we were to publish accounts of diseases of the chest in the same way, ignoring the use of percussion and auscultation, our

conclusions would very properly be regarded as worthless. From these considerations, and the fact that I have employed it for the last six years, alone and in consultation, both in hospital and private practice, I have decided to give the facts connected with a number of cases in which its use has proved of great value in enabling me to arrive at definite conclusions as to whether my patient should be subjected to a course of alterative treatment, or be left to the *vis medicatrix naturæ*. In many instances I firmly believe that I have thus preserved my reputation and the health of my patients, which might otherwise have been sacrificed. Diagnosis is the all important secret of the physician, without which, our therapeutics are but an agency of evil, destroying what we wish to cure, and from this consideration alone, every conscientious physician and surgeon should gladly avail himself of all the auxiliaries within his reach.

I have also some hope that this paper may contribute to the introduction into more general use in this country, of so valuable, and I may say, indispensable an instrument.

To Dr. Mackenzie, of Glasgow, Scotland, is due the credit of applying the first rudimentary ophthalmoscope to the investigation of deep-seated diseases of the eye. His method consisted in directing the light of a gas jet through the pupil with a lens, so as to discover in a case the effects of hyaloiditis, or inflammation of the hyaloid membrane.¹ But the credit of the invention of the ophthalmoscope is due to Helmholtz, professor of physiology at Konigsburg, Prussia, though the first suggestion of such an instrument is undoubtedly due to Mr. Cumming of England. There have been numerous modifications, and also some improvements in its construction in the eight years which have elapsed since its first introduction to the profession, and I shall, therefore, without attempting to give any account of these successive steps, content myself with a description of the most simple and convenient form, and the one which I have always

employed. It is that claimed by Graefe and Anagnostakis. It consists of a simple concave mirror of about two and a half inches in diameter, with a small aperture in the centre, through which the observer looks. The posterior surface is covered with sheet copper, which should be blackened. A bi-convex lens should be employed in front of the mirror, unless the examiner is myopic. The mirror is set in a case or frame of wood, and is furnished with a handle, by which it may be steadied. They are made in this city by Mr. Francis, and can be obtained of Queen or McAllister.

A few general directions as to its employment may not be amiss, and may aid the experimenter in his investigations. In a dark room we should use a light similar to that from an argand lamp or gas burner, with a glass shade over it, and so placed as to be on a level with the eye which we desire to examine, but at the same time, behind or rather to one side of it. The observer seats himself upon a stool elevated above the patient, then places the instrument close to his own eye, so that the mirror will reflect the light into the eye to be examined. After obtaining the proper focal distance, which is usually about six inches, the lens is then placed about two inches in front of the eye of the patient. By this means we obtain first, a view of the cornea, then the iris, crystalline lens, vitreous humor, choroid and retina, each of which can be investigated in turn.

In all examinations of those portions of the eyeball which are situated behind the iris, it will be necessary to produce a dilatation of the pupil. This may be accomplished by applying the night previous, a small quantity of the soft extract of belladonna around the brow, or, if but a short time is allowed, it may be produced in a few minutes, by placing within the eyelids a few drops of a solution of

R. Atropiæ sulphatis, gr. ij.—iij.
Aq. destill., f ʒi.
Acid. sulph. dilut., q. s. M.

ft. solut.

As I desire to establish the true principle

¹ Mackenzie on Diseases of the Eye, p. 564, American edition.

of its application, I will give the cases in regular order, progressing from the crystalline lens, posteriorly until we arrive at the entrance of the optic nerve.

Incipient Cataract.—Case 1. Hannah B, a healthy colored woman, aged 56, a cook; married; has ceased to menstruate; complains of a dimness of vision. An examination of the eye showed a healthy appearance, but from her actions it was supposed to be a case of cataract in the formative stage. To render the diagnosis certain, a solution of atropia was dropped into the eye, and she was requested to wait for ten or fifteen minutes with the eyes closed. Upon opening them, the pupil was found dilated, showing no disease of the iris. She was then placed in a darkened room, with her head a little in front of a gas burner, and was desired to look at the ear of the examiner, who was placed on a stool elevated a few inches above her. If it had been a case of true disease of the posterior surface of the eye, no solution of atropia would have been required, as in such cases the pupil is usually dilated. To further test the case, the catoptric test was resorted to. The light of the gas was reduced, and a lighted candle was then passed with care, up and down, in front of the eye; each of the images was seen, but the inverted and posterior one was not distinct. The gas light was then increased, and the rays directed, by means of the mirror of the ophthalmoscope, full upon the eye, so as to produce a red glare, which was concentrated by means of the convex lens placed in front of the mirror, and the whole eye of the patient was presented clearly for inspection. There was found stilted opacity of the lens, more on the left than the right, confirming the diagnosis, and making it certain that nothing could be done but to keep the pupil dilated with a weak solution of atropia, until the cataract was fully formed, when an operation would relieve her.

¹ This was done in order to give her something on which to fix her gaze, and thus prevent the eyes from moving about, as will be observed when this precaution is not taken. This principle is observed by daguerreotypists, etc.

Dimness of Vision.—Case 2. John K., aged 40; a pedlar. Complaints of dimness of vision with deafness. An examination having been made, the eyes looked as if there was a slight haziness of the crystalline lens. The pupil was then dilated, and by a careful ophthalmoscopic examination, this haziness was discovered to be in the cornea, with no opacity of the lens or its capsule. A quantity of impacted cerumen was removed from his ear, and he was directed to procure a pair of spectacles, of about 48 inches focal distance. He shortly returned, and reported himself much improved. By means of the spectacles he was enabled to distinguish objects which before were almost invisible to him.

I have found that even with experts in the use of the ophthalmoscope, there is occasionally a tendency to confound opacities of the cornea with that of the crystalline lens, and yet there is no opacity, however small, that may not be detected by its use. Dr. Mackenzie observes, that "if a patient with incipient amaurosis presents himself to a practitioner who mistakes the case, and supposes it to be one of incipient cataract, the advice which he will give will be to wait with patience till the disease is fully developed, and then to submit to an operation. Should the patient return, after some months, with a fully developed amaurosis, instead of a cataract, the practitioner would necessarily feel that by his ignorance and inattention he had lost the only season for treating an amaurotic affection with success. The opposite mistake would probably lead him to the employment of depletion, mercury, and counter-irritation, by which his patient's health might be seriously compromised, but which could have no effect in removing an incipient opacity of the lens."

The Vitreous Body.—The vitreous humor is a transparent, jelly-like mass, which is evidently held together by a delicate membrane. It fills up the posterior and middle part of the interior of the eye-ball. It is concavo-convex in form; the convexity which is posterior is

¹ Mackenzie on Diseases of the Eye, American edition, p. 703.

in close apposition with the concave surface of the retina, and in its concavity, which is anterior, is placed the crystalline lens. Thus it is readily seen that diseases of this body may, by contiguity, affect either of the others.

I have not been able to detect the punctated opacities, yet in the following case I discovered a diffused veil over the retina, obscuring the optic nerve and the vessels of the retina, evidently caused by an effusion of lymph, which, under the action of an alterative course, was removed.

Case 3. Jan. 19th, 1859.—Mrs. Matilda B., aged 48; a widow; has ceased to menstruate. She has suffered for the last twelve months with dimness of vision, and pain over the orbits. Upon examination by the ophthalmoscope, there was observed behind, and to the side of the crystalline lens, and in the vitreous humor, an opaque membraniform deposit. Lest this might be the retina, a second and still more careful examination was made, but failing to discover any vessels in it, I concluded that it was in the vitreous humor. I therefore directed the following pill to be taken three times a day:

R. Hydrarg. chlorid. mit. gr. xx.
Pulv. opii, gr. ij.
Ext. cinchon. comp. ʒss.
M. ft. pill. No. xx.

On the 26th she was completely under the influence of the mercurial, which was continued until Feb. 9th, when, as no benefit was observed, it was omitted, and substituted by

R. Liq. ferri iodidi.

S. Five drops every three hours, with a pill of quiniæ sulph. gr. j every four hours.

Feb. 11th.—Vision improving; able to see the fence across the garden of the hospital.

23d.—Still improving. A third examination with the instrument failed to detect the presence of any lymph. She was also directed to use a pair of spectacles.

March 5th.—Returned, with the report that she was improving, the spectacles having aided her much in vision.

Mr. Wordsworth, of the Royal Ophthalmic Hospital, London, reports a case of blindness

following a blow, which was entirely due to an extravasation of a clot of blood into the vitreous humor, in the direct axis of vision. It was quite invisible to the unassisted examination, the eye of the patient looking natural, but with the ophthalmoscope was immediately detected.

Professor Edouard Jäger has published a paper,¹ in which he relates the following case of a foreign body in the vitreous humor, detected by the use of the ophthalmoscope. In such cases, the least amount of light possible should be employed, so as not to increase the inflammation of the eye.

"A workman, whilst engaged in engraving on steel, was struck by a chip, which passed through the cornea and iris, and lodged in the vitreous humor. Without suspecting the gravity of his wound, he consulted Professor Jäger at the end of ten days, for a slight affection of his sight. There was only a very slight trace of a wound in the cornea and iris. On examining the transparent media, there was seen a foreign body enveloped in plastic exudation, as a consequence of inflammatory action; the fragment of steel became encysted at the end of a week, and the vitreous humor recovered its transparency, but the sight gradually diminished. Five weeks after the accident, separation of the retina in the neighborhood of the cyst was discerned. This separation soon extended over a third of the inferior and external portion of the retina, whilst the encysted fragment had moved from its first position, and was gravitating towards the middle of the eye. This displacement was only attended with a slight pricking in the external parts of the eye. A plastic deposit was then formed, which raised the retina and hyaloid in the form of a cone, at the summit of which was the encysted body. At the end of three months this small fragment had reached the centre of the globe. At first horizontal, it had now become vertical, a position which it maintained. The eye retained its form, the lens its transpa-

¹ *Ester-Zeitschr. f. pract. Heilk.*, 1857, No. 2, on Injuries of the Eye, p. 42, by Wm. White Cooper, London, 1859.

rency, and there remained some amount of oblique vision."

Retina.—A common form of blindness or defective vision, arises from intemperance, and the following case will show that it often depends on inflammation of the retina:

Case 4. John Gorman, aet. 35, a strong, robust man, a laborer. He applied at the Hospital, Oct. 20, 1858, complaining of dimness of vision of three months duration, but which, within the last week, had become so much worse, that he was unable to guide himself, being compelled to have his wife with him. He had been an intemperate man, and still indulged in a drink once or twice a day. His eyes were natural, the iris sluggish. A solution of atropia, three grains to the ounce of water, was dropped in the eyes, and it was then discovered that the iris was contracted on one side. Used the catoptric test, and found the three images perfect.

He was directed to give up his stimulus, and use a bitter infusion, and take two comp. cathartic pills at bed-time.

Oct. 21st.—His eyes were now examined with the ophthalmoscope, and the iris was ascertained to be partially changed by a former inflammation; the lens and vitreous humor were perfectly clear, but the retina was found to be congested over its whole surface, with a varicose condition of its vessels.

Oct. 24. Pills and bitters taken regularly. Vision more indistinct. Had him cupped on the nape of the neck.

27th. No improvement. Directed the following:

R. Mass. hydrarg. ʒj.

Ext. gentian. ʒj.

Strychnæ, gr. j.

M.

ft. pil. No. xx. One three times a day.

30th. No better, and very nervous; directed pil. assafœt. c., one three times a day, and continue the last prescription.

Nov. 1. Still very nervous, omitted the assafœtida, and directed

R. Ext. nucis vomicæ, gr. ʒ.

One pil every four hours.

10th. To-day, he can see indistinctly the houses opposite; feels somewhat improved, mouth slightly sore.

14th. Not so well; headache, and dimness of vision; pulse full; directed him to lose ten ounces of blood, and take a saline draught, omitting pills till after its operation.

17th. Much improved, pain gone, able to distinguish objects.

20th. Can see objects a distance of about three squares distinctly. He was discharged cured, with directions to continue the saline cathartic. This patient would, without doubt, have become permanently blind, had it not for the treatment he received, as congestion of this delicate membrane is soon followed by effusion of particles of lymph, and then there is entire loss of vision at those points.

The following illustration of the value of the ophthalmoscope in detecting obscure injuries of the eye, is given by Mr. Wm. White Cooper,¹ who remarks that "without the aid of that instrument, Mr. Dixon and myself could only have hazarded an opinion as to the probable nature of the injury, whereas we were enabled to speak with confidence and precision.

"Two officers, returning from Epsom races, were amusing themselves by throwing various missiles at the passers by; one of these missiles, a hollow wooden pear, struck, with great force, the right eye of a farmer; the sight was immediately extinguished, and the eye much bruised.

"Ten days afterwards, Mr. Dixon was consulted, and on examination with the ophthalmoscope, discovered a rent in the retina, and a considerable coagulum of blood, which lay against that membrane.

"Legal proceedings were taken against the officers, but it was agreed that an amount of compensation should be settled by two arbitrators, founded on a medical report to be sent in by Mr. Dixon, and myself, together with Mr. Simms of Staines, who had special

¹ On injuries of the eye, by Wm. White Cooper, pp. 233-4.

charge of the case. We met, therefore, on the 6th of October, and made a careful examination of the injured eye. The pupil was slightly dilated, and motionless; nothing abnormal, visible beyond this; objects were seen by the patient indistinctly, and a black patch obscured the central portion; pica type were read with difficulty, each word requiring to be separately made out. The ophthalmoscope showed the seat of the rent in the retina, as an opaque, irregular line, nearly in the axis of vision, and there were many small spots around this, evidently the remains of the coagulum of blood, which had not been entirely absorbed.

"In our report, we were able to state with confidence, that though Mr. J. might retain a certain amount of sight in the injured organ, we were of the opinion that it would never be restored to its former perfection."

Choroid.—Mr. Hulke, of London, has described some of the most common morbid changes occurring in the choroid, in children with imperfect sight and rolling globes, as follows. The changes are large white patches, across which, the retinal and larger choroidal vessels may be seen coursing. A case of this kind we observed in a child suffering with defective vision, and verminose disease; and although various means were tried, it was not removed by any treatment employed. In an eye affected with ciliary staphyloma and hydrophthalmia, these changes had taken place; in which Mr. Hulke had an opportunity of examining after death. "Just behind the ora serrata, there was a narrow zone of tolerably normal choroid; but behind this, the choroid and retina seemed to have disappeared, leaving the sclerotic apparently uncovered, and sprinkled here and there, with a few black woolly flocculi. The absence of these membranes was only apparent. A more careful examination, found the choroid and retina adherent to each other, and to the sclerotic. The retina was atrophied, and its vessels in a state of fatty degeneration."

¹ Ophthalmic Hospital Reports, Jan. 1858.

Synovitis.

By J. R. McCLEURG, M. D.,
Of Philadelphia.

The general practitioner of medicine in every section of our country is often called upon to use his professional skill in the treatment of acute and chronic inflammation of the synovial membrane, and particularly of the knee, resulting from cold, blows, strains, and penetrating wounds. That synovitis is a disease of serious import, producing deep anxiety of mind, often of intense suffering to youth and those of mature years, and that the treatment in many instances has been most injudicious, and the result deplorable, cannot be denied.

This being the fact, I hope I shall be pardoned, for I shall speak briefly and frankly, when I say that the treatment—particularly the topical—of synovitis as prescribed by *all* the medical works on surgery, has been unsuccessful in my hands, and I have in a great measure repudiated it. The constitutional treatment recommended by authors, is probably quite applicable, but the local, such as leeching, cupping, blistering, pustulation, with tartar emetic ointment, caustic potash, the moxa, the actual cautery and cutaneous incisions, against each and every one of them, I do protest and denounce them in the majority of cases as worse than useless. That many cures have been effected by subjecting patients to days and weeks of torture I will not deny, but I do contend that as speedy and as effective results could have been produced under a milder topical treatment.

In the early stage of this disease the fever is often violent and alarming; it must be reduced; it can be reduced with bleeding from the arm, tartar emetic in saline mixtures, calomel, antimony, the nitrate of potash, etc. Is the action of the heart violent, the arterial excitement great? They must be reduced, calmed, controlled, which we can do with absolute certainty with the *veratrum viride*. Has the general nervous system become morbidly sensitive? the patient wild and restless, and perhaps worn out with long vigilance and suffering? The *aqua camphoræ*, and *morphia* will

be a sweet boon to him and will calm him into a pleasant slumber.

It must be remembered that the secret of success in the treatment of this disease is *primarily* in the constitutional treatment, and *secondly* in the topical. If it be the knee which is the seat of disease, upon my first visit, or very early, I apply a roller most carefully upon the limb from the toes to the groin, as tightly as the condition of the disease will permit, and then use ice, vinegar and salt, evaporating lotions or flannels wrung out of hot water to the knee if the case be one of acute synovitis. If it be a case of chronic synovitis I invariably cover the joint with a plaster of the ceratum hydrargyri compositum, and over this a tight roller as above. If suppuration has already taken place, or there be abscesses in the joint, the pus must be let out by a *free incision*, and not by small punctures, previous to the application of the roller. In the acute stage after the roller is applied, the limb must be supported upon pillows, but in the chronic stage a carved splint is decidedly preferable.

Being called upon; I visited J. G——, aged about 35 years, whom I found suffering from a severe attack of synovitis of the left knee. He informed me that he had suffered intensely for some weeks, that he had been bled in the arm and foot, purged frequently with calomel and jalap, leeches, cupped, blistered, and taken much medicine without any curative effect. His suffering was very acute upon the least motion of the leg, the skin was dry and hot, the eyes red, the tongue thickly coated, the pulse 130 per minute, had no sleep for two or three days, and the whole nervous system was exceedingly sensitive. The knee was very much swollen, hot, and very tender to the touch. I ordered him Dover's powder, gr. x. and calomel, gr. vj. every three hours until he became comfortable, also 5 drops of Tilden's veratrum viride every four hours. The knee was covered with a plaster of the ceratum hyd. comp., a roller applied from the foot to the groin, and placed in a carved splint. At my next visit the patient was sleeping, had passed a comfortable night, the pulse reduced to 90 per minute, the skin was moist, and he

said he felt better than he had done for three weeks. I ordered him a dose of castor oil, put him on the use of the iodide of potassium, and 20 drops of the veratrum viride *per day*, Dover's powder at bed-time; the plaster, roller, and carved splint were continued, and his recovery was at an early day complete.

Mr. M—— cut his knee with a corn cutter, and had the wound closed by a neighbor with three sutures, after which he continued to walk about his farm for two or three days, when he was taken with a chill, the knee began to swell and became very hot and painful. Upon visiting him I found him with tetanus incipiens, violent fever, hot skin, quick jerking pulse, and every symptom of a dangerous case. The knee was greatly swollen, the sutures still closed the wound, which was black, and emitted a gangrenous odor, and the inflammation extended up the thigh for several inches. I bled him freely from the arm, gave him full doses of camphor water, tartar emetic and morphia, combined, removed the sutures, with a scalpel opened the wound down to the bone the whole length of the patella, covered the wound with a poultice of powdered elm bark, and then applied a roller upon the leg, which was placed upon pillows. This treatment proved entirely satisfactory, and upon the fourth day the wound was covered with a plaster of the ceratum hydrarg. compositum. The roller was continued and the limb placed in a carved splint, and the patient recovered with the perfect use of his limb in one month.

On last September, I was requested to visit, many miles distant, a little son of Mr. W—— in consultation with a skilful physician who had attended the child for some weeks. It was a severe case of synovitis of the knee, caused by a strain while at school. The little patient had for many days suffered terribly, and it required the father or mother to be with him constantly day and night, to hold the leg above and below the knee, to mitigate his suffering. He had been treated in the usual form prescribed for this disease, yet the knee was very much swollen, with but little indication of a favorable termination. We placed him upon opiate and tonic medicines,

and to the knee applied the ceratum hydrarg. compositum roller and splint. The roller was applied to the leg as tightly as possible, and from the moment of its application his suffering ended, he rested well, and recovered in a short time the perfect use of the limb.

Miss A—of a scrofulous constitution, struck her knee violently against the corner of a sofa, which was followed in a few days by a most violent attack of synovitis, which for some days was exceedingly painful. After bleeding her from the arm one of the principal medicines used was the veratrum viride continued during the day, and Dover's powder at bed-time. The topical treatment was in every respect that of the above cases, and the cure was perfect. Having already occupied more space than was allotted to me, these four cases, out of over thirty upon my case book, must suffice for the present. The veratrum viride, tartar emetic, opium, camphor, roller and splint are, to me, indispensable remedies in the treatment of synovitis.

On Epidemic Catarrh.

By F. McGRATH, M. D.,
Of Pittsburgh, Pa.

During the past winter, which (with the exception of a few days in the early part of January) was unusually mild, pulmonary affections owing probably to the humid state of the atmosphere, have in this locality very generally prevailed, assuming the various forms of catarrh, bronchitis, or pneumonia, as accidental circumstances or predisposition influenced the aërial poison. Pregnant females suffered severely from influenza, and were in many instances prematurely confined. In children it was not only very general, but amongst those of tender years or delicate constitution, very fatal.

In December I met with several severe cases of catarrhal fever in children, during the months of January and February cases multiplied rapidly, and by the beginning of March the epidemic had reached its climax, and then began to subside, so that by the end of the month or beginning of April, it had

almost disappeared, having left behind many an emptied cot as evidence of its visit.

The attack was ushered in with inflammatory fever of a remittent type, chills, alternating with flushings of heat; the head hot, heavy, and aching; frequent sneezing, soon followed by hard, dry cough, with sibilant rales rapidly extending over the entire chest, mixed, after a time, with a fine crepitus, as the disease advanced to the more minute cells, generally first perceived on the right side. Dyspnœa now became urgent; the cough almost incessant, with short, quick breathing; full, rapid pulse; as the disease progressed, mucous rales predominated, intermixed with crepitus; the breathing still hurried; the *alæ nasi* called into active motion; the pulse next began to fail, becoming feeble and thready; the face cold, and perspiring, while the heat of the trunk and extremities was much increased. The cough, which had been so severe and continuous, seemed to subside from exhaustion; loud bronchial and mucous rales now occupied the chest, and the countenance became pale or livid, coma supervened, and death closed the scene.

Such was the usual course, where treatment was too late, or unsuccessful. The attack was of very uncertain duration in fatal cases, varying from three or four to eight or ten days; in some cases of recovery, owing to the state of the atmosphere, and other circumstances of residence, etc., treatment was often prolonged over as many weeks.

The treatment in the earlier stages, with few exceptions, was strictly antiphlogistic. Emetics, local depletion, small doses of calomel and ipecacuanha, with the hot turpentine epithema. This latter remedy I found extremely useful, when properly managed, which is very seldom the case, unless we see it done. The spirits of turpentine ought to be applied on a piece of flannel the size of the part to be acted on, over this the hot flannel, entirely freed from water, and applied as hot as the hands can handle it. When the turpentine can no longer be borne, the cloth containing it can easily be withdrawn, without removing the hot one. The time for active treatment, however, soon

passed over, when stimulants, and small blisters became more suitable. The senega mixture of Doctor Stokes of Dublin, is then peculiarly beneficial. The following form I found convenient:

R. Amoniac carb. gr. vi to x.
 Aquæ, f ʒi.
 Syr. senegæ, f ʒvi.
 Tinc. scillæ, f ʒii. M.

A teaspoonful every half hour.

With this mixture, small blisters to the chest, for periods of two or three hours; and wine whey in the latter stages, and in such cases as indicated debility from the commencement, and where antiphlogistics were contraindicated—I was very successful; where debility, with general irritability remained, Dover's powder and sulph. quinia were useful. The syrup of cinchona, in other instances, I found to suit admirably.

An Anomalous Case of Meningitis.

By W. JOHNSON, M. D.,

Of White House, N. J.

I was requested by D. R. to visit his daughter Emma, aged about eight years. *She is a child of fair complexion and light hair, but has no other marks of a scrofulous diathesis.* There is precocity of physical and mental development in the child. About two weeks since she fell very hard upon the floor whilst at play. The shock, however, soon passed over. Two days after she visited from home, and ate very heartily of fresh fish in the evening, and partook freely of stewed raisins. She became sick in the night, and vomited some of the raisins. She remained sick all day. In the following night she had a smart convulsion, and my son, Dr. J. Vancleve Johnson, was called in. The fit, however, had passed off before his arrival. He administered a cathartic, and applied cups to the nucha of the child. She appeared to improve, and had no other fit. He gave her several cathartic doses of senna and jalap and left her sp. minder., and applied sinapisms to the extremities as revul-

sives. Five days since she was attacked in the night with coma so profound that the family could not arouse her. Becoming alarmed, my son was again called up to her aid. He cupped her on the neck, and applied epispastics to the calves of both legs, and to the nucha.

I saw the child the next morning. She then presented the following manifestations: profound stupor, from which she could, however, be aroused without much difficulty, but into which she soon again relapsed. There was no dilatation of the pupils; no pain in her head, or any where about her; countenance rather flushed; tongue somewhat coated; respiration perfectly normal; top of head rather too warm; the rest of the surface natural; expression of countenance that of a child in natural sleep; pulse 80 per minute, and very soft. I thought that the child had been sufficiently evacuated by the cupping and purging, and that she needed no further depletion. As the blister which had been applied to the neck had not drawn well, I advised the child's head to be shorn, and another to be applied over the *parietal region*, the cold iced water which they had been using to be continued. The epispastic, though suffered to remain on 24 hours, occasionally wetting with vinegar, drew very imperfectly. This circumstance I attributed to the action of the skin being kept down by the cold water so frequently applied. I directed the continuance of the sp. mindereri. In the afternoon and evening I found no alteration in the case, and the next day also very little. This day I substituted the julep. ammon. for the sp. mind., as the debility had much increased. It was given every two hours, each dose containing 4 grs. of the carbonate. The pulse lost much of its frequency under the use of this medicine. I allowed also animal soup in place of the potatoe soup which she had been taking, and of which she had become tired. As her bowels again required being moved, I directed a suppository of molasses candy to be used. It operated once freely, but distressed her much. She was fatigued, sighed frequently, and her pulse mounted up to 96. I was again called

in, and gave her immediately a large teaspoonful of good port wine. Her pulse in 15 or 20 minutes fell to 80. It has remained from 70 to 80 since. The effects of the stimulant were really magical. To-day she is much more easily aroused, and remains awake longer at a time; takes more nourishment; pulse 70, and not intermittent; countenance somewhat flushed; tongue a little furred. Whilst I was in the room, she asked her father, "What is the half of 36?" her mind running on her mental arithmetic. A few days since, whilst my daughter was with her, she sang correctly a hymn containing a number of stanzas. My daughter supposed that she was sleeping. I note these physiological facts from their bearing on the case:

May 5th.—The case is now brought down to this day.

6th.—Emma was quite fully aroused at one time in the night; remained so about an hour; took her medicine well; took considerable of her chicken soup. I find her this morning in the following condition: perfect placidity of countenance; reclined on right side; temperature of skin perfectly normal; respiration no ways variant from health; stupor pretty profound when aroused, answers to questions very correctly; her pulse 76, last evening 65; bowels regular; urinates as usual. In addition to other remedies, I prescribed to-day one grain of iodide of potassium every eight hours. She has a very deep burn on her leg, which was produced by the cloth slipping off from a hot iron put by her in the bed to warm her, and the iron thus coming in contact with her. The coma was so profound that the burning did not arouse her. I find that there will be much sloughing from this burn; directed a poultice of sassafras and slippery elm. In raising up her eyelids I find there is neither dilatation of the pupils or strabismus, no more strabismus than what is natural to her.

7th.—Remains nearly as at last date. At one time her pulse got up to 96, but soon fell to 80, and then to 76, where it remained; continue all the medicine last directed.

8th.—Saw the patient but once to-day, my son having paid her two or three visits. When

I saw her her pulse was more frequent, over 90; stupor more profound. Directed suppository to be used again. Several had to be used before her bowels responded. She had one large evacuation. She was somewhat reduced by this operation, but soon rallied and appeared to be more conscious, and was more easily aroused. She takes enough food.

9th.—Patient has revived; the stupor has very much passed off; is easily awakened, and remains awake for some time together; pulse 86; face a little flushed; continue ice water to head; pursue the same general course; have increased *iodid. potas.* to 2 grs. three times a day; appetite is not quite so craving; tongue clean.

10th.—Emma seems as well as she has been; pulse about 90; coma is going off; takes more food; is perfectly rational; says that she "feels well."

11th.—Last evening Emma complained of pain in her bowels, perhaps from flatus; its seat is near the umbilicus; bowels are full, but not tympanitic. She is restless, wakeful, somewhat delirious; had this morning something approaching to a chill; the surface remained cold, and required the frequent application of warm bricks to restore the natural heat. Her bowels being rather confined and painful from flatus, I prescribed 5 drops tr. hyosciam. in a teaspoonful of castor oil. She has taken enough of her chicken soup. Her tongue is clean.

12th.—Emma's pain continuing, my son prescribed 25 drops t. opii camphor. It had a most soothing effect. The ol. ricini given yesterday operated five or six times; it did not weaken her much. She refers all her pain to the abdomen. This feels soft and very little tumified. She takes enough soup, is not near so drowsy; ice water still constantly applied by means of a bladder placed over several folds of muslin.

13th.—Emma is relieved of abdominal pain—is very drowsy, but can be aroused without much difficulty; when aroused is perfectly rational; pulse about 95; urinates involuntarily; bowels not moved to-day; advised enema. She takes enough nourishment; coun-

tenance good; continue ice to head and give wine, iodid. of potassium, and salicine in one-grain doses.

14th.—Patient has again become soporose; when asked how she feels, says "Good, but sleepy." Her countenance is natural, tongue a little furred, pulse 92. Her bowels again opened by castor oil; she still takes her wine; iodid. potass.; salicine, 2 gr. doses; soup.

15th.—Emma had a severe turn of pain in her bowels early this morning; my son saw her, and prescribed fomentations to abdomen, as hot as could be borne. I saw her about 9 o'clock; she was entirely relieved of pain, but inclined to coma. When asked how she felt now, replied "Good." Her pulse was 85; countenance good; no emaciation about the face; in fact, very little anywhere. The muscular system is flaccid; tongue pretty clean; takes enough soup. About three hours after this visit she fell into profound coma, from which she could not be aroused but by a large sinapism to epigastrium. This condition of coma must have lasted two or three hours. She emerged from it into the same condition which she had been in for the last few days.

17th.—Patient remains much the same as at last date. I did not visit her myself yesterday, but my son saw her repeatedly. She is much aroused from her comatose state. Her pulse is more frequent. My son directed 5 grs. of hydr. c. creta to be given night and morning; has taken it since yesterday; it moved her bowels freely to-day. He applied another blister to the vertex. She takes enough nourishment.

26th.—I had not visited Emma since last date before to-day. My son had seen her four or five times every day since. Her symptoms were very much as have been detailed. He had given hydr. c. creta two or three times a day, and had used ung. hyd. by inunction. It has been used for a week, but very little constitutional impression has been produced. There is some slight puffiness of the upper gums, but no mercurial fœtor can be detected in her breath. To-day Dr. Willet, from German Valley, met with me in consul-

tation, in the absence of my son. Dr. Willet approved of the course which had been pursued. He advised to have her whole head shaved, and a blister applied from ear to ear, and free inunction with the ung. hydrarg., so as to get her system brought under the influence of the mercury as speedily as possible—to continue the salicine and ammonia.

31st.—My son has visited Emma three or four times a day. I have not seen her myself since 26th, before this afternoon. The alteration in her case is but trivial. A very slight mercurial impression has been produced. There is, however, no fœtor of the breath, or puffiness of the gums, but there is an increased flow of saliva. She had this afternoon severe pain in her bowels, flushed face, hot skin, convulsive motions on her left side, pulse 115. Cold applications to her head frequently renewed, and 15 drops t. opii camphor., tranquillised the irregular motions, and calmed the excited circulation. Patient still remains very dull. She takes sufficient food.

June 2d.—My son having visited patient several times daily, I did not visit her myself until to-day. I found her moribund; pulse 150 and feeble; respiration ten in a minute, and irregular. She would breathe twice in rapid succession, and then a long interruption would follow before breathing again. She was comatose, and the power of deglutition was gone. The abdomen was distended with flatus. Life ebbed away so gradually that it was difficult to determine the precise moment at which it ceased. Pulsation in the radial artery was extinct more than half an hour before the carotid ceased to beat. No convulsive motions whatever occurred. It was exactly six weeks that she was sick, and somewhere about five weeks that she was comatose.

For reasons which it is unnecessary to detail, no post mortem was made until the fifth day—the third day after interment. The body was then disinterred, and conveyed to the church, which was close at hand. The coffin was then opened. No odor was emitted therefrom but that of the roses which had been placed there, and there was no evidence

of commencing decomposition. No alteration whatever had passed over the face. The body was taken out of the coffin, and laid upon boards placed on the tops of the seats. The autopsy was made by my son Dr. J. Vancleve Johnson, assisted by his elder brother, in the presence of the father of the child, Rev. Mr. Sturgis, three of the neighbors, and myself. The scalp was dissected from behind, forwards, and turned over the face. The cranium was sawed through above the frontal sinuses, and the divisions carried around on both sides to the occiput, which was also sawed through. The divided portion was broken from its attachments in the usual manner with the chisel, and the dura mater brought into view. This covering of the brain was exceedingly congested. When removed, the cortical part of the brain was also found highly congested. When the dissection was continued, so as to bring the ventricles into view, they were found distended with water. It gushed out and ran on the floor. There were several ounces of limpid serum. We found the *substantia alba*, or rather a portion of it, in the state of *ramollissement*. At the base of the cranium there was about a teaspoonful of laudable pus. No sanguineous extravasation, or tuberculous deposits were detected in any part of the brain. Perhaps, however, we did not look carefully enough for these last. The cerebrum was now removed, the tentorium opened, and the cerebellum taken out, but no disease could be detected in it. The autopsy being now closed, the cerebral mass was returned to its place, the skull cap put on, the scalp drawn over it and secured with a couple of stitches, and the child put back to its coffin.

Remarks.—The caption of my article in my case book was "congestion of the brain." I have thought it appropriate. The disease wore loosely the garb of menengitis; all its manifestations were anomalous. There was very little febrile movement, cerebral or gastric distress; no mental aberration or irregularity of the motor power until near the close of the disease; no cataleptic rigidity of the muscles. When the patient was awake her

mind ran continually on her studies, particularly on geography. The remote causes of this disease were undue excitation of the brain from too many studies; it was taxed above its powers. Then came on the fall, and the hearty evening meal to which I have already referred. I will make but a single remark with respect to the treatment. When I was first called in, a supporting treatment was indicated. *I felt my way with the ammonia*. Whenever the tonic remedies were withheld, the *vires vite* flagged, and the pulse became more frequent, and its frequency was always reduced by their exhibition. Cold was constantly applied to the vertex by ice water, or by ice enclosed in a bladder.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. Neill.

MAY 18TH, 1859.

Fracture of the Ribs—The appearance of this patient, as he walked into the amphitheatre, exhibited some of the consequences of a serious injury, received ten days before. He had had a wound of the scalp and fracture of several ribs. The case was introduced to show that, by a certain treatment, fracture of the ribs after ten days becomes of no inconvenience to the patient. This is by encircling the affected side by wide adhesive strips, extending from the sternum to the spinous processes, encasing the entire ribs of that side, and restricting their motion. It is attended with great relief to the patient.

Union by bone had not yet taken place.

Injury to the Spinal Marrow.—The patient, a large, stout man, was brought to the Hospital, in consequence of a fall of some fourteen feet last Saturday night. When admitted, he was cold, his lower extremities paralyzed, and his pulse feeble and slow. There was a contusion upon the back, and some tenderness upon pressure.

It was a very important object to determine the nature of the injury; a man with paralyzed limbs, and the general temperature of the body reduced, is in a very serious condition, be the cause what it may.

Besides this state of the constitutional powers, the superficial veins of the lower limbs are swollen. This may have previously existed, or it may be a consequent of the injury. The abdomen became tympa-

nitic, whilst at the same time there was retention of urine and of the feces. The respiration was not good, loud, mucous rales; articulation difficult and imperfect.

The symptoms lead to the conclusion that there has been an injury to the spine. The question arises, what is the nature of the injury? Fracture, compression, concussion, or laceration? A knowledge of anatomy makes us aware of the fact, that the spinal marrow, with its membranes, is much smaller than the spinal tube through which it passes, and that outside of the medulla and its membranes there is a most delicate, vascular network of areolar tissue, which is easily infiltrated. There is also a retiform layer of veins on the walls of the canal, very liable to rupture, and in consequence there ensues an effusion of blood, which pressing upon the spinal marrow, interrupts the proper performance of its functions. As this effusion increases, the symptoms become more severe. This tearing of vessels and constant effusion has probably occurred in the present instance.

Prognosis.—I may say that it is always serious, not only immediately, from the interruption of the vital functions, but from secondary changes; ulceration of the back and sloughing; hectic symptoms; the urine becomes alkaline, deposits phosphates. The effusion may be absorbed, and the patient entirely recover, or the effusion may not be absorbed, and the impairment of function continue.

Treatment.—Restore the temperature of the limb by proper covering; empty the bladder and bowels; the recumbent position (in this instance the patient lies upon a water bed;) give tone to the skin by washing with alcohol and water; afford (in the present case) a supporting diet; change the position gently, to prevent constant pressure in one spot; terebinthinate enemata to remove tympanitic distension.

The patient has slightly improved under this course of treatment.

Operation—Amputation of the Hand.—This patient was exhibited on the last day, with laceration of the hand, from being caught between two cars, without fracture of the bones, and not at that time involving the joint. It was thought best to give him a chance for recovery without amputation. He was a young man, the arteries were not torn, and the wrist joint not opened. Each individual instance of severe injury demands a separate analysis of facts and balancing of probabilities.

The case, however, progressed unfavorably. Extensive sloughing followed; and the opening of the radio-carpal joint and secondary hemorrhage have necessitated amputation.

His feeble and intermittent pulse contra-indicated

the administration of ether, and an anodyne of brandy and laudanum was given him.

A modification of the circular operation was performed. No sutures were used; it was not expected to unite by first intention. Dressing: Adhesive strips, lint, charpie and roller.

MAY 21ST.

Periostitis.—The patient that now enters the room has an arm much inflamed. This expression gives but little idea of the nature of the affection. From the wrist to the elbow the limb is swollen, red, and the usual contour altered. The redness is at present not so uniform as it was a few days ago, but there is not now, nor has there at any time been, a focusing of the inflammation.

The diagnosis and prognosis of this case are of some interest. This is an idiopathic affection, not a traumatic; it commenced while the patient was at work. The swelling is edematous, therefore the subcutaneous structures are involved. Abscesses are often idiopathic, but in these the redness has a focus; moreover, we have fluctuation, and other distinctive marks that do not exist in the present case. We have here a deep-seated inflammation, which has lasted already some two weeks, and is accompanied with exacerbations of pain at night, and aggravated by pressure. The inference from these symptoms is, that we have an affection of the bone, or its periosteum.

Treatment.—Rest, emollient applications of iodide of potassium internally. If suppuration should take place, we shall immediately cut down and give exit.

Compound Fracture of the Humerus from Gun-shot Wound.—This man has received a gun-shot wound, the ball entering the posterior aspect of the arm on a level with the insertion of the deltoid muscle, causing a compound fracture of the humerus. The bullet, which is probably of a small size, pursued an oblique direction through the tissues of the arm, and it was not possible, after swelling has occurred, to introduce a probe along the oblique tract and explore the wound. We have allowed the bullet to remain in the arm. This is the first practical deduction that we draw from this case, that it is not always necessary to lacerate, tear and cut a part to extract the lead. This is a popular idea, as you see from the newspapers. A man may have a bullet lodged in the tissues of his body, and experience no inconvenience; or suppuration may ensue, and the bullet at a subsequent time be within easy reach; or the bullet may become incased in a lymph capsule, and thus remain during life.

Our anxiety is to preserve the limb, not to find the bullet; and we apply the principle so frequently dwelt upon, to consider the soft parts. The arm

wrapped in a wet towel is placed in a light splint, made of wire netting, and the temperature reduced by irrigation.

A compound fracture made by a bullet is not so easily converted into a simple fracture, as when made by a spicula of bone or sharp cutting instrument; the tract of the bullet is a tube of dead tissues, and cannot close ere the dead parts have sloughed out, and new tissue formed by granulation. The diet should be nourishing.

Compound Fracture of the Thigh.—There is here a fracture of the femur, about the middle of the bone, with a wound upon the posterior aspect of the limb, communicating with the fragments. This case was shown once before, and is now brought forward to illustrate the changes that take place in a compound fracture of a large limb.

Although the limb is shortened and the foot everted, no extension or counter-extension has been instituted. This is in consequence of the condition of the soft parts, which are swollen, red and infiltrated by lymph and serum.

This is a compound fracture which cannot be converted into a simple fracture, as the tissues of the limb were crushed at the time of the original injury.

The lymph which has been effused, and is the cause of this great hardness and swelling will either be absorbed or converted into pus: it can disappear only by these means. There was a sanious discharge at first; to-day, it is of a better color. In many compound fractures the wound is to be closed at once; here it is to be kept open. If the edges are drawn together, the pus cannot escape.

In the treatment, the most supportive means are to be used; and his taste and appetite regarded. The thigh is enveloped in a large and soft poultice; the whole limb rests on a pillow.

[The remainder of this clinic will be given next week.]

William Hunter, in one of his introductory lectures, says: "I have always studied, and shall continue my endeavors, to employ the time that is given up to anatomical studies, as usefully to students as I can possibly make it; and therefore shall never aim at showing what I know, but labor to show and describe, as clearly as possible, what they ought to know. This plan rejects all declamation, all parade, all wrangling, all subtlety. To make a show, and appear learned and ingenious in natural knowledge, may flatter vanity; to know facts, to separate them from suppositions, to arrange and connect them, to make them plain to ordinary capacities, and above all to point out the useful applications, is, in my opinion, much more laudable, and shall be the object of my ambition."

Reviews and Book Notices.

Woman: Her Diseases and Remedies, a Series of Letters to his Class. By CHAS. D. MEIGS, M. D., Professor of Midwifery and Diseases of Women and Children, in the Jefferson Medical College; Member of the American Medical Association, etc., etc. Fourth edition, revised and enlarged. Philadelphia: Blanchard & Lea, 1859. pp. 706.

To one who has listened to Dr. Meigs in the amphitheatre of the "Jefferson," this work strongly recalls his peculiar manner of imparting instruction to his class. We can almost fancy that we are again seated on "those hard benches," with our beloved professor standing before us.

The fact of this being the fourth edition, is ample evidence of a due appreciation of its excellencies by the medical world. Nor is it a mere reprint of former editions; on a careful examination, we find much that has been added, though in one or two instances, perhaps, with a design of giving them a more extended notice elsewhere, we observe that new things have been passed over entirely. Thus, while on the subject of *vesico-vaginal fistula*, no mention is made of the operations of Drs. Sims and Bozeman. To be sure, he refers us to his translation of "Colombat" for a more extended notice, yet such an important matter as the above, should at least have been considered worthy of mention in a work like this.

In these days of universal education, when by some it is thought more necessary for our daughters to read Greek and Hebrew, than to cook or sew, we can most heartily commend to the especial study by mothers, the chapter relating to "Puberty," and more particularly, the conversation with a mother concerning her sick daughter. From such hints as these, may we learn why it is that our rising generation find it necessary so frequently to have recourse to the healing art; not, we are sorry to say, in the majority of instances, confiding their cases to a well-informed physician, but generally preferring to place implicit reliance on the published lies of the host of pretenders, who do so much to support our daily papers, while depleting the unfortunates who give ear to their infamous pretensions. Were the ideas of Dr. Meigs as thus set forth, more known, and where known, more regarded, our bills of mortality would be much lessened, indirectly and directly, by the almost total exclusion of the large number recorded weekly under the head of "still born." Too many of our young women are, by their total ignorance of, or dis-

regard for the rules of health, brought to such a state, as to prevent them from fulfilling in a proper manner their duties as mothers; and too often we see the lives both of themselves and their innocent offspring sacrificed to their own ignorance or negligence.

We cannot pretend to give our readers in so short a notice as the present, anything but a very succinct idea of the many good things to be found in this book, and shall therefore be content, in conclusion, to allude to the advice given by Dr. M. to the profession, never to make a decision concerning any of the diseases of women, until he is perfectly satisfied of the correctness of his diagnosis. The chapters in which he speaks of this matter, we would particularly commend to the attention of our brethren, as in more instances than one has it been our lot to hear of the innocent being called upon to suffer by the pointing of the finger of scorn, and conversely, of the physician being regarded as an ignoramus, from some unfortunate decision which might have been avoided by a more careful examination, or a less degree of haste.

It is quite refreshing to an American, to read of the frequent instances where learned obstetricians and physiologists abroad have *graciously* accorded to Prof. Meigs, the merit of having come to the same conclusion as themselves, etc., when the fact of the matter is, that they have been preceded in said discoveries by our venerable countryman.—But perhaps at a later day, truth may prevail, and the credit be given where it is justly due. It has too long been the habit of our transatlantic brethren to appropriate to themselves our inventions or discoveries, and it is to be hoped the day is not far distant, when America and Americans shall be known as the leaders in medicine, as they already are in many other branches of science.

The profession most certainly owe a debt of gratitude to the enterprising publishers, for the handsome manner in which this work has been prepared. The typography, paper and binding are admirable, and apart from any other consideration, to read such a book would be a pleasure to any one.

A Manual of Elementary Chemistry. By GEORGE FOWNES, F. R. S., etc., from the seventh revised and corrected London edition. Edited by ROBERT BRIDGES, M. D., Professor of Chemistry in the Philadelphia College of Pharmacy. Philadelphia: Blanchard & Lea. 1859. 8vo. pp. 600. Price \$1.50.

The appreciation by the public of this most excellent book is shown by the fact that seven

editions have been called for in less than ten years. The present has been enriched with many new facts, and in the department of organic chemistry especially, presents us with an admirable sketch of the science. It is unquestionably the best text book on elementary chemistry now in print, combining, as it does, in a remarkable manner, conciseness of expression with fullness of fact and accuracy of statement. The American editor has done his work as he always does it—well.

Editorial.

WOMAN DOCTORS.

Certain interested parties and pseudo-philanthropists, have, of late years, busied themselves exceedingly in regard to the rights of woman, real and fancied. In the attempt to widen the field of her usefulness, the arena of medicine has been invaded, and she has been thrust forward as peculiarly adapted in many respects for the practice of medicine in general, and of the departments of obstetrics and the diseases of women and children in particular.

Never having recognized the necessity of aid from women in either the general or special practice of medicine, and believing that time would vindicate our position, and that of the large majority of the profession on this subject; we have pursued the policy of letting it alone, giving it neither countenance or opposition. Nor would we have departed from this policy now, had not the subject been very inopportune, as we think, brought up at the recent meeting of the Pennsylvania State Medical Society. It is possible that public sentiment may be changed on this subject, and that in some degenerate age of the world women may be received into favor as practitioners of medicine. We do not expect or desire to see the day, yet we are willing to give the sisterhood every chance to develop themselves that they may wish, consistent with the inalienable *natural* rights of womanhood.

Everything finds its level—some things level upward, others level downward—and as there are certain functions and capacities of the male

sex that woman may try in vain to attain to, so there are certain occupations that she may aspire to in vain. We believe that the practice of medicine is one of them, but "we" may be mistaken. "Time discloses all things." It is a significant fact that in the last hundred years woman has lost ground, even in respect to the practice of midwifery and the diseases of women and children. And those who have been brought before the public in the last few years with such a flourish of trumpets, have also lost ground, if we mistake not, many of them being compelled to eke out their living by lecturing, or in the absence of capacity for that, by the practice of certain specialties of questionable moral or even legal propriety.

We do not deny that woman has intellectual capacity for other pursuits than household duties. We could not do it in view of the achievements of Mesdames Boivin and Lachapelle in midwifery, Miss Hosmer in sculpture, Miss Mitchell in astronomy, Miss Summerfield in natural science, Miss Strickland in history, Mrs. Fry, Miss Dix and Florence Nightingale in philanthropy, and finally, of her majesty Queen Victoria as a sovereign. Woman has mental capacity without doubt, but by certain immutable laws of her being, she is better adapted to fulfil one line of duties than another, and when nature adapts her lord to the fulfilment of the duties peculiar to the nursery, she may find something in the practice of medicine, and in other pursuits now by common consent regarded as "masculine," on which to employ her talents.

We regret that the subject was brought up in the Pennsylvania State Medical Society, and hope that no other society will follow its example. It gives penny-a-liners in our newspapers an opportunity such as they are always eager to embrace, to make capital with a certain class of people, and a good text to descant from, on the bigotry and narrow-mindedness of the medical profession. It has already been done in the instance on which we are commenting. With our admirable national code of medical ethics a special resolution on this subject was hardly called for.

The best policy, in our view, is to let the

women alone. Those who entertain the peculiar views which are the subject of these remarks, will have a hard enough road to travel before they will convince the community, or even many persons of respectability and of well-balanced minds of their own sex, of the necessity of their aid as practitioners of medicine, without the opposition of our profession. Let woman doctors alone—let them alone severely.

Correspondence.

CROTON OIL IN DROPSY.

The following note to Dr. M'Clurg, from a subscriber in Louisiana, has been handed to us for publication.

Marksville, La. 14th May, 1859.

Dr. J. R. M'CLURG,

My Dear Sir: It is with much pleasure, that I perused your article in the "MEDICAL AND SURGICAL REPORTER," on the use of Croton Oil in anasarca. I am happy to find my views coincided in by you in relation to the curative effects of that agent, in the several forms of dropsy which we are almost every day called upon to manage. For the last five years, I have used no other remedy in the treatment of some hundred cases of hydropic disease, and with almost a never failing degree of success. I use the oil internally, and when the stomach is too irritable to retain it, apply it by friction over the umbilicus; ascites is the form of dropsy wherein I have been more successful, in the use of the oil, it is now the only active remedy I am in the habit of invoking when called to a case of dropsy in incurable cases of the disease, dependent upon organic cardiac lesions. It is in my hands, a great palliative, allaying for the time being, some of the most urgent symptoms, such as dyspnea, sudden starting in the sleep, sense of precordial oppression, and other equally alarming phenomena, particularly when the case was hydrothorax. My patients' lives have been protracted to an indefinite period. I need not say anything in relation to the effects that resulted from the use of the croton oil in all my cases; they being precisely the same as those you have so carefully noted.

I am with high respect yours &c.,
G. E. ELMER, M. D.

Periscope.

FOREIGN.

By L. ELSBERG, M. D., of New York.

On Glaucoma.—We are very glad to be able to present the following clear, intelligible and comprehensive resumé of the most recent labors of *Græfe*, *Müller* and *Roser*, in reference to Glaucoma, etc. For the report of Roser's publication in *Wunderlich's Archiv.*, we are indebted to *Medizinische Neuigkeiten* of May 7; for those of Müller and Græfe in the *Archiv. f. Ophthalm.*, to *Schmidt's Jahrb.*; 59, 4.

Valve-mechanism in Glaucoma.—Professor Roser suspects that valve-action prevents in Glaucoma the reflux of blood from the ocular veins and thus explains many of the hitherto not understood phenomena. The two portions of the choroid coat, the anterior—attached to the zonula—and the posterior, or retinal, differ not only anatomically, but also in physiological and pathological relations. The anterior serves as the nutritive organ for the vitreous body; the use of the posterior, as far as known, is only to furnish the retina a dark and moist surface for after absorption of the rays of light.

In inflammation of the anterior there is a transudate in the vitreous humor; inflammation of the posterior yields an exudation in the free space between the choroid and retina. The first (for which Roser claims as proper name *Cyclitis*) causes compression of the retina from within by means of the swelled vitreous body; the posterior effusion, (*Hydrops choroideæ*) compresses the retina from without pressing it against the vitreous body. In cyclitis the corpus vitreum swells and the retina shrinks; in dropsy of the choroid the corpus vitreum shrinks and secondarily the retina also. Now in *Hydrops choroideæ* there is an outlet for the retreating liquid of the vitreous body, namely through the vessels of the iris; but in cyclitis the transudation in the vitreous body from the anterior portion of the choroid, occasions a remarkable intraocular pressure. This pressure seems not seldom to become so powerful that the venules of the retina as well as choroid are compressed and the emptying of the veins by the valvular mechanism thus brought about, prevented. Since the vessels run along the wall of the eye, even most of them penetrating the wall of the eyeball obliquely the occurrence of such valve-action on increased intraocular pressure certainly seems inevitable. This valve-action may come into

play with the anterior as well as with the posterior veins of the eye, the latter are however, especially exposed to it; the *Sinus circularis iridis* appears by its situation more guarded from pressure. The arteries continue to pump more blood into the already congested eye; while the compressed veins can return it but imperfectly if at all: and pulsation in the retinal arteries, venous stagnation etc. etc., hence arise. It is unnecessary here to repeat in detail all the phenomena since we have before and must again mention them, but all the symptoms so ably combined by *Græfe*, as characterizing "*Glaucoma*" the hardness of the eye, the retinal pulsation, the farsightedness, the limited field of vision, the occasional bursting of some of the retinal vessels, the excavation of the optic nerve, the symptoms of irritation and paralysis of the ciliary nerves, the dwindling of the iris, the consequent ciliary staphyloma together with lenticular obscuration, etc., must be ascribed, it seems, to cyclitis. According to this view of Roser's, the ontological and ambiguous epithet "*Glaucoma*" might for good cause be replaced by the anatomical denotation "*cyclitis*."

Roser further states that his valve hypothesis also explains the theory of *Græfe's* "curative method." Iridectomy evidently gives back to the eye its free circulation, and since a sufficiently extended excision must effectually prevent intraocular pressure, this leading to occlusion of the viens does not easily occur in an eye thus operated upon.

But a great deal connected with this subject remains yet unexplained; as the etiology of the inflammations of the choroid, their intermittency, the fatal symmetry of the disease etc. Professor Roser six years ago called attention to the fact that the so called intermittent ophthalmia of horses is nothing else than a choroiditis, and since this so frequent disease in the horse has precisely the same characters as choroiditis in the human subject, more exact observations of the former must it seems to us, throw much light on the latter, and we urgently impress its importance on all that have opportunities for making observations.

On deviations of level at the place of entrance of the optic nerve.—Excavation of the optic nerve is one of the most important changes within the eye, diagnosed since the invention of the ophthalmoscope. For its anatomical demonstration we are entirely indebted to H. Müller, the interesting results of whose ardent

labors we here present. M's method of examination is as follows: After careful removal and a small incision into it, the eye is allowed to remain for some time in a liquid which hardens it, then after preliminary examination uncut, a section is carried with a razor through the middle of the place of entrance, and both halves are studied with slightly magnifying power and transmitted sun-light. Finally he prepares thin sections cut in the same direction, which rendered transparent by Glycerine admit of stronger magnifying and may be preserved.

In the normal condition the optic nerve, entering the eye goes through the Lamina cribrosa of Albinus "the cribriform lamella, a circular spot, perforated with small holes, seen when the optic nerve is regarded from the inside, after removing the retina and choroid."¹ This is developed most strongly in the region of the internal sclerotic where the areolar tissue contains least pigment and most elastic elements. This plate, anteriorly (internally) slightly concave, is connected posteriorly with the septa of the fasciculi of the optic nerve while anteriorly it joins the inner layers of the choroid.

The fibres of the optic nerve before entering the lamina cribrosa usually lose their dark contours and the whole mass becomes so much narrower that the narrowest point of passage lies in the level of the choriocapillaries. The nerve fibres then pass by the outer layers of the retina which being wanting at the place of entrance an opening is formed which is the continuation of the funnel-shaped canal in the sclerotic. Finally the nerve fibres are reflected and expanded ray like on the inner face of these layers. Now it is pretty certain that in general the edge or rim of the place of entrance forms a flat elevation while in the middle where the main branches of the central artery usually appear, there is produced a small funnel shaped recess or deepening. The form and size of this deepening or hollow is subject to individual variation (the extreme cases having been as shallow as $\frac{1}{10}$ m'm't'r., and as deep as $\frac{1}{2}$ m'm't'r.,) which must be regarded within the bounds of the physiological, but the excavation must be considered *pathological*, when it reaches the level of the choroid or extends still further.

There are in view of configuration and cause two different forms of hollowing, viz: that occasioned by pure atrophy of the optic nerve and that by increased intraocular pressure.

¹ Dunglison's Dictionary.

1. Excavation by atrophy of the optic nerve.

Two cases were observed by Müller. In one both eyes, excepting the retina, were perfectly healthy and in the retina only the nervous and the granulated layers were atrophied. The nerve-fibres being deficient from the N. Opticus, in their stead there was a small mass of indistinct fibres. The place of entrance presented a bucket-like, instead of funnel-shaped, excavation, the depth of which reached the level of the choroid. The blood vessels with the division into their main branches marked, were at the bottom of the cavity and crossed obliquely. In the second case the optic nerve consisted of strongly developed areolar tissue with a few granular nerve-remains; in the retina no nervous filaments were distinguishable, the granular layer atrophied but the other layers especially the radiating fasciculi were well preserved. The place of entrance was excavated, not bucket-but funnel-shaped which was caused by extraordinary development of the cribriform lamella.

2. Excavation by increased intraocular pressure.

Four such cases detailed by M. They have great depth of the cavity in common, this extending in all cases much beyond the level of the choroid. It must not be forgotten that only exquisite cases, i. e. those of complete or almost quite complete blindness could as yet be subjected to dissection. The total depth of the cavity may amount to $\frac{1}{2}$ Mm. being $\frac{1}{2}$ Mm., beyond the choroideal level. In one case of Glaucoma the cavity extended $1\frac{1}{2}$ Mmt. beyond the level of the choroid. The sides of the cavity in these cases are very steep.

In conclusion, Müller mentions the different causes and cases of projecting colliculus which he is still examining and which we will report at a later stage of his observations.

Further examination is also necessary to determine the relation between the increased intraocular pressure and the power of resistance at the place of entrance in the individual cases, a relation of great importance in glaucoma, Jäger looking indeed, for the cause of the excavation of the nerve entirely in a diminution of the power of resistance of the tissues caused by local affection. (See REPORTER, Vol. II., p. 132.)

(Remainder next week.)

From the German, by THEODORE A. DEMMÉ, M. D.

Tannin in Bright's Disease.—In the Arch. Gen., Jan. 1859, Garnier gives the history of three cases of Bright's disease that were under his own care, and six cases garnered from the

journals, in which tannic acid was freely used.

His conclusions are: 1st. Tannin in doses of from 2 to 4 grammes daily is able to cure Bright's disease: 2d. Its curative action is shown in a diminution of the albuminurea, improved cutaneous transpiration, regularity of the bowels and increased appetite: 3d. These effects are perceptible on the 2d day of treatment: 4th. Does not impair digestion: 5th. These effects are the result of the action of the acid in favoring the coagulability of the blood, and in exerting a tonic and astringent power upon the blood corpuscles.

New Function of the Placenta.—Bernard, as is well known, has shown that the liver is a great sugar making organ. Now, as in the commencement of embryonic life, no sugar can be detected in the liver, although the membranes and tissues of the embryo contain a considerable amount of sugar, the question occurs, whence does this sugar come? Not from the mother; for that, which is formed in her economy, is destroyed in the circulation ere it can reach the offspring.

Bernard is convinced that the placenta is the sugar manufactory, vicarious to the liver. He asserts that he has found in the placenta a mass of tissue composed almost entirely of cells to which the sugar making function is ascribed.

Digital Compression in External Inflammations.—Tansetti in Padua has written an intensely interesting article upon this subject. He speaks in the highest terms of the efficacy of the above treatment in external inflammations, and relates several cases in which inflammation was promptly subdued by checking the arterial supply to the part. In erysipelas phlegmonosum of the left arm, pressure, steadily maintained upon the subclavian artery effected instantaneous relief from pain, and a prompt cure by resolution. Acute inflammation of the wrist was visibly favorably modified by pressure upon the humeral artery: the same result attended the pressure upon the crural artery in a case of gonarthrocace.

One of the foreign journals gives a case of vomiting of blood consequent upon *Varices in the Esophagus*. This makes the 2d case of this affection that has as yet been described. The diagnosis of the disease can only be arrived at by exclusion.

Chorea.—Bouchut (*Gaz. des Hôp.*) has found in obstinate cases of this affection arsenic and strychnia at times very efficacious. One case was cured by the former after the latter had failed, and vice versa.

Condensed from recent English journals, by T. A. DEMMÉ, M. D.

Median Lithotomy.—In accordance with a request of Mr. Allarton, Claude Wheelhouse has published in the *Lancet* the account of three cases of median lithotomy. In the course of the article the following remarks are made.

Experience has shown that there is far greater dilatability of the prostatic urethra than was formerly supposed, and it is upon this that the superiority of median over lateral lithotomy depends. The structure of the prostate points to the probable explanation of this property. The microscope has revealed that, so far from being truly glandular in its structure, very little real gland tissue is found in it as compared with involuntary muscular fibre. Prof. Ellis asserts that it has a direct sphincteric action on the contained urethra. The great extent to which involuntary muscular fibre will dilate under steady pressure is well known to surgeons.

It is by taking advantage of this great dilatability and avoiding any division of the prostate at all, that one of the greatest dangers of lithotomy is shunned.

Imperforate Anus.—Dr. Dickinson (*Lancet*) relates a case of the above arrest of development. The patient was an infant four months old, and the stools had always passed through the penis. The normal urethral opening was also impervious; but there was a transverse opening at the base and under surface of the glans penis, through which the urine and feces passed in common. Where the anus should have been, was a button-like depression, the skin at this part being finer and thinner than the surrounding tissue.

A crucial incision was made about half inch deep, and a trochar and canula introduced, in a direction upwards and backwards, which fortunately hit upon the gut as evidenced by the escape of the feces. The canula was maintained in the orifice.

Unfortunately the canula slipped out and the feces again passed per penem. The operation was repeated, after which the feces were evacuated per anum.

Serous Bronchocele treated by Puncture—Ferguson.—The cystic variety of bronchocele is interesting from its rarity as compared with the hypertrophy of the thyroid gland.

A young woman was recently admitted into King's College Hospital, with a considerable enlargement of the thyroid, but mainly depending upon the presence of a cyst, which had been progressing for 15 years. The growth was prominent and well defined, soft and fluctuating.

Mr. Ferguson after giving chloroform divided the super-strata of tissue, and then the cyst, when out gushed a large quantity of dirty, brown-colored, serous fluid. The cyst was stuffed with lint, and compresses and bandage applied.

Syphilitic Inoculation.—At a meeting of the Med. Soc. of London, Mr. Henry Lee had an opportunity of expressing and explaining his views upon the above subject.

In 1856, Mr. Lee had shown that sores affected with the specific adhesive inflammation (indurated) were *not* inoculable, as a rule; and as these were the only sores which were ordinarily followed by secondary symptoms, the inoculability of their secretion was a reason *against* the administration of mercury, and not for it.

AMERICAN.

Amputation at the Hip Joint.—The *Boston Med. and Surg. Journal* reports an amputation at the hip joint, by Dr. J. M. Warren, the first which has resulted successfully in that city. The disease was osteo-sarcoma of the femur, extending from its middle to its neck. "The ordinary method by transfixion being impracticable, and in view of a dissection of the tumor from its attachments, a large flap of skin was raised from its front part, the incision commencing at the root of the scrotum, and terminating just above and in front of the great trochanter. The flap was now dissected up quite to Poupart's ligament, the fascia over the artery opened, the vessel exposed, a ligature passed around it and tied. An incision was now made on the back part of the thigh, corresponding with that in front, and the flap partially raised. With a short, strong knife, the muscles running from the pubis to the inside of the tumor were cut through, and those on the outside treated in a similar manner. These incisions loosened the thigh, which had before been confined, and allowed it to be depressed and rotated outward. It was necessary

to do this to a great extent, on account of a lobe of the tumor projecting over and obscuring the articulation. The knife was next applied to the capsule, which was divided, the round ligament snapping off at the same time, from the powerful force applied to it. The bone was then disarticulated, the great muscles of the thigh cut through behind, and the limb removed. A very large sponge was thrust into the wound, to prevent bleeding, while the smaller vessels in the flap and trunk were secured. By the skilful compression of the aorta, the immediate seizure and compression of the flaps, together with the previous ligature of the femoral, scarcely any blood was lost. The vessels in the flaps were successively tied as they were uncovered by the sponge; it was also found necessary to secure the great femoral vein. The lips of the wound were brought together by a number of sutures, a compress was applied, and a very large sponge, to make gentle compression and fill up the deep cavity in the side of the pelvis, over this a towel, and the whole firmly secured by a bandage. The operation was necessarily protracted much beyond the usual time of an ordinary disarticulation, yet after its termination, and just before the removal of the patient from the table, his pulse was as good as before the operation was commenced.

Medical News.

Medical Prizes.—We learn from the *Lancet* that the Imperial Medical Society of Toulouse has awarded its gold medal to Dr. Edwin Lee, M. R. C. S., Eng., one of its foreign members, for his essay, "Sur les Paralysies sans Lésion Organique appréciable." Dr. Lee also obtained the Jacksonian prize, for his essay "On the Comparative Advantages of Lithotritry and Lithotomy," and more recently two medical prizes from Milan and the United States.

The Council of the College of Surgeons of London have announced the following as the subjects for the Jacksonian prizes for 1860, viz: "The Healthy and Morbid Anatomy of the Prostate Gland," and "A Description of the Diseased Conditions of the Knee-joint, which require Amputation of the Limb, and of those conditions which are favorable for Excision of the Joint, with an Explanation of the Relative Advantages of both Operations as far as can be ascertained by Cases properly authenticated." The Collegial Tri-

ennial Prize subject is, "On the Anatomy and Physiology of the Supra-renal bodies."

The Delaware State Medical Society met at Dover on Tuesday, June 14th, about thirty members being present. Dr. D. W. Maull, one of the Vice-Presidents, occupied the chair.

Several gentlemen were licensed to practice, and received as members.

The following were elected officers for the ensuing year:

Dr. Dailey, President; Dr. H. F. Willis, Vice-President; Dr. Sharpe, Secretary; Dr. H. F. Askew, Treasurer. Censors and Boards of Examiners were also appointed, and Delegates elected to the next meeting of the American Medical Association. Dr. Porter was appointed orator for the next meeting.

An entertainment was provided at 7 o'clock in the evening.

[Very good as far as it goes; but could not thirty gentlemen produce an essay or two, or at least get up a discussion on some medical subject? We hope next year to give a better account of our Delaware neighbors.—Eds.]

Dr. Hugh Oglesby, of Madison, Georgia, has made a valuable and interesting addition to the Museum of the Atlanta Medical College.

Larrey, Father and Son.—Baron Henry Larrey, says the *London Lancet*, son of the well known Larrey, who was so highly esteemed by Napoleon I, is, at the present time, as was formerly his father, Director-General of the Army Medical Department in Italy. Before entering upon the campaign, he presented the Parish of Boudéan (Lower Pyrenées,) with the house where his father was born, and founded a home and a school for the children of that village, by means of an annuity of £20 a year, in the French funds.

Dr. Theodore A. Demmé, of this city, has been appointed Demonstrator of Anatomy in the Pennsylvania Medical College.

Battle of Montebello. The *Medical Times and Gazette* says, one of the French surgeons, writing home, states that there were, after the Battle of Montebello, 800 wounded soldiers under treatment—500 French and 300 Austrians. The new projectiles give rise to the most extraordinary injuries; and even now it

is easy to foresee that many more operations will have to be performed during this campaign than when the round balls were in use. The sanitary condition is very good, and the morale of the wounded is excellent, the French "gaiety" not abandoning them, even amidst their sufferings.

Dr. Thomas W. Evans, of Paris, having made application to the Sardinian Government in regard to the medical and surgical wants of the Sardinian army, in view of the employment of American surgeons, the Minister of that government has responded to the effect, that while government appreciates the good feeling that prompted the offer on the part of the American surgeons, the wants of the Sardinian army are, for the present, supplied.

ANSWERS TO CORRESPONDENTS.—Dr. K., Cedar Falls, Iowa.—Vaccine virus has been forwarded by mail.

Dr. P., Englishtown, N. J.—The price of Dr. Meigs' Woman and her Diseases is \$3.65. See notice of the new edition in this number. We begin your subscription with April 2d. Besides beginning a volume, it secures our important series of illustrated articles on *Anatomy*, in its relations to Medicine and Surgery, and Hardy's Lectures on Diseases of the Skin.

Dr. W., Pittsburgh, Pa.—The silver wire was forwarded by mail on the 21st.

MARRIAGES.

CANFIELD—GAMBLE.—At Morristown, N. J., June 8th, by Rev. Robert M. Merritt, Lieut. Wm. M. Gamble, U. S. N., to Eliza W., daughter of J. W. Canfield, M. D.

GALT—BAYLOR.—In Augusta, Ga., May 12th, by Rev. E. E. Ford, T. G. Baylor, U. S. A., to Miss L. E. Galt, daughter of Dr. John M. Galt, of Augusta Arsenal, Ga.

LEEDON—REYNOLDS.—In New York, June 16th, by Friends' ceremony, John Moore Leedon, M. D., of this city, to Virginia, daughter of James S. Reynolds, Esq., of New York.

PATTERSON—FOBES.—On the 16th inst., by the Rev. Henry Darling, James V. Patterson, M. D., to Margaret W., daughter of George W. Fobes, all of this city.

PEIRCE—LUKENS.—On Fifth day evening, 16th of the 6th mo., 1859, at the residence of the bride's mother, by Friends' ceremony, James Loring Peirce, M. D., to Sallie A. Lukens, both of Bristol.

SHACKELFORD—POPE.—May 12, Lee Shackelford, M. D., of Lauderdale Co., Miss., to Miss Maria L. Pope, daughter of Judge Pope, of Covington Co., Miss.

The young bride died June 6th, three weeks and four days after marriage.

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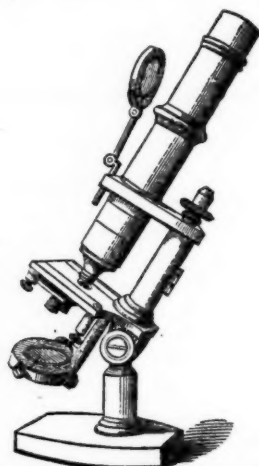
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